

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X
In re:

Chapter 11

Adeline Olmer Santiago, aka Adeline M. Olmer,

Case No. 21-22519-rdd

Debtor.
-----X

CREDITOR LOSS MITIGATION AFFIRMATION

Katherine Heidbrink, an attorney at law duly admitted to practice before the Courts of the State of New York and the U.S. District for the Southern District of New York, hereby affirms the following to be true under penalty of perjury:

I am not a party to this action, am over 18 years of age and reside in Queens County, New York.

On February 17, 2022, I caused to be served a true copy of the financial packet and this Creditor Loss Mitigation Affidavit upon the following parties via (first class mail, facsimile or email) at the following addresses:

Adeline Olmer Santiago
353 Sleepy Hollow Road
Briarcliff Manor, NY 10510
Debtor

Rosen & Associates, P.C.
747 Third Avenue
New York, NY 10017-2803
Debtor's Attorneys

Pursuant to that request, the Debtor must provide the following documents:



A copy of the Debtor's two (2) most recent federal income tax returns;



A copy of the Debtor's last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor;



☐ AIRS 4506-T Request for Transcript of Tax Return Form;

☐ A copy of the Borrower Assistance Form

Or, if Debtor is self-employed:

☐ A copy of the Debtor's business quarterly Profit and Loss Statements, setting forth a breakdown of the monthly business income and expenses;

☐ A copy of the mortgagee's completed financial worksheet;

☐ Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs,

X Complete SN Servicing Corporation financial package, together with all attachments and documents requested therein.

SN Servicing Corporation notes that the Debtor has discussed the possibility of alternative settlements to traditional loss mitigation under separate cover. The instant Creditor Loss Mitigation Affirmation is for the purposes of traditional loan modification review, should the Debtor still wish to pursue modification, and is not a substitute for alternative settlement negotiations between the parties.

Please be advised that the Creditor designates the following person to be its Loss Mitigation contact:

Name: Jody Lee
Title: Bankruptcy Asset Manager
Phone Number: 800-603-0836 x 2739
Fax Number: 916-231-2442
Email Address: JLee@snc.com

Please be advised that the Creditor designates the following person to be its attorney for

Form **1040-SR** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Tax Return for Seniors OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial James M	Last name Santiago	Your social security number 5369
If joint return, spouse's first name and middle initial Adeline M	Last name Olmer	Spouse's social security number 9909
Home address (number and street). If you have a P.O. box, see instructions. 353 Sleepy Hollow Road		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Briarcliff Manor		State NY
Foreign country name		Foreign province/state/county
ZIP code 105102138		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☒ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness { **You:** ☒ Were born before January 2, 1956 ☐ Are blind
Spouse: ☒ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	
Attach Schedule B if required.	2a Tax-exempt interest	2a	b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
		52,717.		15,806.
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
8 Other income from Schedule 1, line 9			8	29,177.
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶			9	44,983.
10 Adjustments to income:				
a From Schedule 1, line 22		10a		
b Charitable contributions if you take the standard deduction. See instructions		10b		
c Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
11 Subtract line 10c from line 9. This is your adjusted gross income . . ▶			11	44,983.

Standard Deduction

See *Standard Deduction Chart* on the last page of this form.

12	Standard deduction or itemized deductions (from Schedule A)	12	84,839.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	0.
14	Add lines 12 and 13	14	84,839.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax ►	24	0.
25	Federal income tax withheld from: a Form(s) W-2 25a b Form(s) 1099 25b c Other forms (see instructions) 25c d Add lines 25a through 25c 25d		
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) 27		
28	Additional child tax credit. Attach Schedule 8812 28		
29	American opportunity credit from Form 8863, line 8 29		
30	Recovery rebate credit. See instructions 30	1,800.	
31	Amount from Schedule 3, line 13 31		
32	Add lines 27 through 31. These are your total other payments and refundable credits ►	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments ►	33	1,800.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Form 1040-SR (2020)

Page **3**

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	1,800.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		35a	1,800.
Direct deposit? See instructions.	b Routing number 0089	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 7600			
	36 Amount of line 34 you want applied to your 2021 estimated tax	36		
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		37	
For details on how to pay, see instructions.				
	38 Estimated tax penalty (see instructions)	38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Consultant	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Designer	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Phone no. (917) 282-5326	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared				Phone no.
Firm's address ▶				Firm's EIN ▶

Go to www.irs.gov/Form1040SR for instructions and the latest information.

BAA

REV 08/30/21 TTW

Form **1040-SR** (2020)

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2021

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name ADELINE M OLMER		Box 2. Beneficiary's Social Security Number 9909
Box 3. Benefits Paid in 2021 \$16,770.00	Box 4. Benefits Repaid to SSA in 2021 NONE	Box 5. Net Benefits for 2021 (Box 3 minus Box 4) \$16,770.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$13,915.29 Medicare Part B premiums deducted from your benefits \$1,782.00 Treasury Benefit Payment Offset, Garnishment and/or Tax Levy \$1,072.71 Total Additions \$16,770.00 Benefits for 2021 \$16,770.00		DESCRIPTION OF AMOUNT IN BOX 4 <p style="text-align: center;">NONE</p>
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address ADELINE M OLMER 353 SLEEPY HOLLOW ROAD BRIARCLIFF MANOR NY 10510-2138
		Box 8. Claim Number (Use this number if you need to contact SSA.) 5369B

Form SSA-1099-SM (1-2022)

DO NOT RETURN THIS FORM TO SSA OR IRS

IMPORTANT: TAX INFORMATION ENCLOSED
KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

SCAM ALERT

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. HANG UP!
2. DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!
3. REPORT THE SCAM AT [OIG.SSA.GOV](https://www.oig.ssa.gov)

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2021

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name JAMES M SANTIAGO		Box 2. Beneficiary's Social Security Number 5369
Box 3. Benefits Paid in 2021 \$38,478.00	Box 4. Benefits Repaid to SSA in 2021 NONE	Box 5. Net Benefits for 2021 (Box 3 minus Box 4) \$38,478.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$36,696.00 Medicare Part B premiums deducted from your benefits \$1,782.00 Total Additions \$38,478.00 Benefits for 2021 \$38,478.00		DESCRIPTION OF AMOUNT IN BOX 4 <p style="text-align: center;">NONE</p>
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address JAMES M SANTIAGO 353 SLEEPY HOLLOW ROAD BRIARCLIFF MANOR NY 10510-2138
		Box 8. Claim Number (Use this number if you need to contact SSA.) 5369A

Form SSA-1099-SM (1-2022)

DO NOT RETURN THIS FORM TO SSA OR IRS

IMPORTANT: TAX INFORMATION ENCLOSED
KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS

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1. **HANG UP!**
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3. **REPORT THE SCAM AT [OIG.SSA.GOV](https://www.oig.ssa.gov)**

Form 4506-T
(November 2021)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first. James Mark Santiago	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 5369
2a If a joint return, enter spouse's name shown on tax return. Adeline M Olmer	2b Second social security number or individual taxpayer identification number if joint tax return 9909
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) 353 Sleepy Hollow Road	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☒

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 2021	12 / 31 / 2020	12 / 31 / 2019	/ /
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☒ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.**

Phone number of taxpayer on line 1a or 2a

Signature (see instructions)

Date

Sign Here

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date



Loss Mitigation Checklist

To process your request for Loss Mitigation, your return package to SN Servicing Corporation must include **ALL** of the following:

☒ Signed and completed **Request for Mortgage Assistance** (form enclosed).

☒ Signed and completed **Hardship Affidavit** (form enclosed).

☒ Completed **Financial Analysis Worksheet** (form enclosed).

☐ Copies of the **last two months pay stubs for all borrowers**. If you are unemployed, please include unemployment reward letter. If you receive a pension: disability; alimony and/or child support, please include official documentation of same. If you have rental income, please include a copy of the rental agreement(s).
no

☒ If you are self-employed, please send (1) a copy of the most recent **Federal Tax Return** for your business; (2) past six month's profit and loss statements; and (3) the past six month's business bank account statements... please include ALL pages.

☒ Copy of current **Homeowner's Insurance policy** or an estimate for coverage if you do not currently have homeowner's insurance. Please use a company you would want to purchase coverage from for the quote.

☒ Copy of most recent **Property Tax Bill**.

Contact Us

If you have any questions regarding the items listed above, or if you would prefer to submit the documents via fax, please contact us at the number below:

(800) 603-0836

Hours of Operation
Monday – Friday (8:00am to 5:00pm PST)

Send in Your Packet

Upon completion, please return all requested items to the address listed below. Requests will be processed in the order in which they are received, so we recommend that you start the process as soon as possible.

SN Servicing Corporation
323 Fifth Street
Eureka, CA 95501





Main Office NMLS# 5985
Branch Office NMLS #9785
Scott Nielsen NMLS# 191008
Jeff Harrison NMLS # 1314656
Phone: (800) 603-0836
Web: www.snsr.com

Request for Mortgage Assistance

****COMPLETE ALL PAGES****

Borrower	Co-Borrower
Borrower's Name JAMES M. SANTIAGO	Co-Borrower's Name ADRIANA OLIVERA - SANTIAGO
Mailing Address 353 SLEEPY HOLLOW ROAD BRIMFIELD MANOR NEW YORK, 10510-2158	Mailing Address, if different from Borrower's SAME

Mortgage Loan Number	9892		
Property Address	353 SLEEPY HOLLOW ROAD BRIMFIELD MANOR, NEW YORK 10510		
The Property is	Owner Occupied: <input checked="" type="checkbox"/>	Renter Occupied: <input type="checkbox"/>	Vacant: <input type="checkbox"/>
The Property is my	Primary Residence: <input checked="" type="checkbox"/>	Second Home: <input type="checkbox"/>	Investment: <input type="checkbox"/>
I want to (check all that apply)	Keep the Property: <input checked="" type="checkbox"/>	Sell the Property: <input type="checkbox"/>	Vacate: <input type="checkbox"/>
Have you contacted a Housing Counselor for help?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, please provide the following contact information:	Agency Name: _____		
	Counselor's Name: _____		
	Counselor's Phone #: _____		
	Counselor's Email: _____		
Who pays the Real Estate Tax Bill on your Property?	I pay bill: <input checked="" type="checkbox"/> Lender pays: <input type="checkbox"/> Condo/HOA pays: <input type="checkbox"/>		
Are the Taxes current?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you have Condo or HOA fees?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

FINANCIAL ANALYSIS WORKSHEET

BORROWER		CO-BORROWER	
Employer Name	SBZ CONSULTANTS	Employer Name	SBZ CONSULTANTS
Employer Phone #	917-282-5326	Employer Phone #	917-282-5326
Years on Job	10 YEARS	#Years on Job	10 YEARS
BORROWER MONTHLY INCOME		CO-BORROWER MONTHLY INCOME	
Gross Wages per Month:	\$ 14,000	Gross Wages per Month:	\$ 1,000
Unemployment Compensation:	\$ 0	Unemployment Compensation:	\$ 0
Child Support/Alimony*:	\$ 0	Child Support/Alimony*:	\$ 0
Disability/SSI:	\$ 3,100	Disability/SSI:	\$ 1,100
Rental Income:	\$ 0	Rental Income:	\$ 0
Pension/Annuity Income:	\$ 0	Pension/Annuity Income:	\$ 0
Tips, Commission, Bonus, Overtime:	\$ 0	Tips, Commission, Bonus, Overtime:	\$ 0
Foods Stamps/Public Assistance*:	\$ 0	Foods Stamps/Public Assistance*:	\$ 0
Non-Borrower Contribution:	\$ 0	Non-Borrower Contribution:	\$ 0
Other:	\$ 0	Other:	\$ 0
Federal & State Tax Withholdings	-\$ 0	Federal & State Tax Withholdings	-\$ 0
Other Deductions (401k etc)	-\$ 0	Other Deductions (401k etc)	-\$ 0

COMBINED HOUSEHOLD ASSETS (BORROWER AND CO-BORROWER)			
Checking Accounts (Total amount, if more than one)		\$ 5,000	
401(K), IRA, or Pension Fund		\$ 8,000	
Savings/Money Market		\$ 0	
Certificates of Deposits (CDs)		\$ 0	
Stocks/Bonds/Mutual Funds		\$ 0	
Cash on Hand		\$ 250	
Value of all Real Estate except Principal Residence		\$ 0	
Settlement		\$ 0	
Other		\$ 0	
COMBINED MONTHLY EXPENSES (BORROWER AND CO-BORROWER)			
1 st Mortgage (Principal & Interest)		Auto Loans/Lease	
-\$ 10,000		-\$ 533	
Other Mortgage (Principal & Interest)		Fuel, Maintenance/Repairs	
-\$ 0		-\$ 100	
Other Mortgage (Principal & Interest)		Auto Insurance/Registration	
-\$ 0		-\$ 383	
Homeowners Insurance		Other Transportation Expenses	
-\$ 281		-\$ 50	
Property Taxes		Credit Cards Minimum Payment	
-\$ 4,200		-\$ 100	
HOA/Condo Fees		Personal Loan Minimum Payment	
-\$ 0		-\$ 0	
Electricity		Child Support/Alimony Expense	
-\$ 500		-\$ 0	
Gas		Child Care	
-\$ 200		-\$ 0	
Water and Sewer		Health Insurance	
-\$ 0		-\$ 110	
Waste/Trash Removal		Medical/Dental/Vision Insurance	
-\$ 0		-\$ 0	
Telephone/Cell Phone		Food/Groceries	
-\$ 250		-\$ 350	
Internet Service		Dining Out	
-\$ 285		-\$ 100	
Cable/Satellite		Personal & Household Items	
-\$ 0		-\$ 100	
Negative Net Rental Income		Other Debt/Miscellaneous	
-\$ 0		-\$ 0	

***Note:** You are not required to disclose Public Assistance, Child Support, Alimony or Separation Maintenance, unless you choose to have it considered by your servicer.

5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.

Borrower Signature

Date

Co-Borrower Signature

Date

E-mail Address: MSANTIAGO@S32CONSULTANTS.COM E-mail Address: _____Cell Phone 917-282-5326Cell Phone 917-597-2448Home Phone 914-941-0620Home Phone 914-941-0620Work Phone 917-282-5326Work Phone 917-597-2448**Explanation:**

OUR CURRENT SITUATION IS THE RESULT OF A
 SIGNIFICANT DROP IN OUR BUSINESS REVENUE.
 WE HAVE DEVELOPED TWO SIGNIFICANT
 ENGAGEMENTS THAT WILL ENABLE US
 TO MEET OUR OBLIGATIONS ON OUR
 MORTGAGE.



MONTHLY OPERATING BUDGET

SOURCE

	January	February	March	April	May	June
Wiggin & Dana	\$ 21,875.00	\$ -	\$ -	\$ -	\$ -	\$ -
Cross River	\$ -	\$ -	\$ -	\$ 43,759.00	\$ -	\$ -
Flicker Garlick	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cassin & Cassin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Ganfer & Shore	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 21,875.00	\$ -	\$ -	\$ 43,759.00	\$ -	\$ -

Ganfer & Shore
NewFirm

Expenses

Betsy Robinson	\$ 50.00	\$ 50.00	\$ -	\$ -	\$ 50.00	\$ -
Tech Connect	\$ 185.00	\$ 185.00	\$ -	\$ 2,000.00	\$ -	\$ -
Verizon	\$ -	\$ -	\$ -	\$ 234.00	\$ -	\$ 234.00
New York Times	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 298.75
EZ Pass	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,048.75
Quick Books						\$ 599.38
SignalFlow						
ALM						
Zoom	\$ 179.88					
Mail Chimp						
Wilson Allen					\$ 54.18	
Staples						
MTA						
USPS						
Jacob Arbitman					\$ 5,000.00	\$ 5,237.50
Audio Excellence						
	\$ 229.88	\$ 235.00	\$ 234.00	\$ 2,000.00	\$ 5,104.18	\$ 7,418.38

Net Income

	\$ 21,645	\$ (235)	\$ (234)	\$ 41,759	\$ (5,104)	\$ (7,418)
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[illegible]

Affidavit of Financial Hardship

Borrower Name: JAMES + ROELINE SANTIAGO Loan Number: 9892

Property Address: 353 SLEEPY HOLLOW ROAD, BRANCHBURG
MAJOR, NY 10510

In order to qualify for **SN Servicing Corporations** ("Servicer") offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower Co-Borrower

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation." |
| <input type="checkbox"/> | <input type="checkbox"/> | My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation." |
| <input type="checkbox"/> | <input type="checkbox"/> | My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation." |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation." |
| <input type="checkbox"/> | <input type="checkbox"/> | My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation." |
| <input type="checkbox"/> | <input type="checkbox"/> | There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation." |

Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.



Main Office NMLS# 5985
Branch Office NMLS #9785
Scott Nielsen NMLS# 191008
Jeff Harrison NMLS # 1314656
Phone: (800) 603-0836
Web: www.snsr.com

If yes, specify Amount and HOA Name	Amount: <u>0</u>	Paid to:
Who pays the Hazard Insurance Premium on your Property?	I pay bill: <input checked="" type="checkbox"/>	Lender pays: <input type="checkbox"/> Condo/HOA pays: <input type="checkbox"/>
Is the Policy current?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Name of Insurance Company:		
Insurance Company Phone #:		
Have you filed for Bankruptcy?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, what Chapter	Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/>	Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/>
Bankruptcy Filing Date:	<u>2/2/2022</u>	
Bankruptcy Case Number:	<u>21-22519 (RDD)</u>	
Has your Bankruptcy been Discharged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Property listed for Sale?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
For Sale by Owner?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you received an Offer on the Property?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please provide the following:	Date of Offer: _____ Amount of Offer: \$ _____ Agent's Name: _____ Agent's Phone Number: _____	

Please list any Additional Liens, Mortgages, HELOCs on this Property

Lien Holder/Servicer's Name	Loan Number	Contact Number



Coverage Information for Location 1 of 1

Location Address Information

Street	353 SLEEPY HOLLOW RD	County Code	119
City	BRIARCLIFF MANOR	County Name	WESTCHESTER
State	NY	Sub County	9
Zip	10510-2138		

Location Details

Construction Type	FRAME	# of Units	0
Year Built	2004	# Units between Fire Walls	
# of Families	1 FAMILY	Protection Class	4 - PROTECTED
Lead Abatement		Fire District	BRIARCLIFF MANOR
Town/Row House	N	Feet to Hydrant	
Secondary	NO	Miles to Fire Department	02
Territory	490	Primary Heat Source	WATER - GAS HEATED
Peril Territory	42,11,48,42,100,100,100	Alternate Heat Source	FIREPLACE - OTHER
Foundation Type	BASEMENT	Roof Shape	COMPLEX/CUSTOM
Finished Basement	0%	Roof Cover	COMPOSITION
Square Feet	4837	Garage Type	ATTACHED
Number of Stories	2	Garage Size	3 CAR
Number of Bathrooms	2	Business on Premises	NO
Swimming Pool	YES		

Coverage Information

Basic Form	NYC HO 10 - HOMEOWNERS 10 - PREMIER PLUS HIGH VALUE PROTECTION FORM
Inflation Protection Coverage	0.00%
	ADJUSTED UNDER XACTWARE APPRAISAL SYSTEM
Group	3
Deductible	\$1,000
Seasonal Policy Number	

Coverage Details

COVERAGE	DESCRIPTION	LIMIT AMOUNT	PREMIUM
Coverage A	DWELLING	1,123,000	\$3,339.00
Coverage B	OTHER STRUCTURES	336,900	INCL.
Coverage C	PERSONAL PROPERTY	1,123,000	INCL.
Coverage D	LOSS OF USE	449,200	INCL.
Coverage E	PERSONAL LIABILITY	PER OCCURRENCE 300,000	\$32.00
Coverage F	MEDICAL PAYMENTS TO OTHERS	PER PERSON 1,000	INCL.

Modifications and Credits Information

DESCRIPTION	TOTAL SAVINGS
AGE OF DWELLING	\$1,764.00
ALARM SYSTEM	
COUPLER	
RETIREMENT DISCOUNT	

Loss History Information

*** NO LOSS HISTORY EXIST FOR THIS LOCATION ***

TOTAL LOCATION PREMIUM

\$3,371.00



Named Insured and Address

JAMES M SANTIAGO
 ADELINE M SANTIAGO
 353 SLEEPY HOLLOW RD
 BRIARCLIFF MANOR NY 10510-2138

Agency Address

B&B RISK MANAGEMENT INC
 107 S MAIN ST
 NORTH SYRACUSE NY 13212

Insurance Provided By New York Central Mutual Fire Insurance Company

Policy Information

Policy Number	5462	Transaction	NEW APPLICATION
Type	HOMEOWNER	Transaction Effective	02/09/2022 12:01 AM EST
Inception Date	02/09/2022 12:01 AM EST	Transaction Expiration	02/09/2023 12:01 AM EST
Protected Since Date	02/09/2022 12:01 AM EST	Tier	76
Effective Date	02/09/2022 12:01 AM EST		
Expiration Date	02/09/2023 12:01 AM EST		
Term Length	12 MONTHS		

Agency Information

Name	B&B RISK MANAGEMENT INC	Office	315-752-9522
Code	06071	Fax	315-752-4077
Territory	20	Email	stacy@bbriskmanagement.com
Direct Mail	YES	Website	www.bbriskmanagement.com

Insured Summary

NAME	TYPE	MARITAL STATUS	GENDER
JAMES M SANTIAGO	PRIMARY INSURED	MARRIED	MALE
ADELINE M SANTIAGO	NAMED INSURED	MARRIED	FEMALE

Location Summary

NUMBER	ADDRESS	PREMIUM
1	353 SLEEPY HOLLOW RD BRIARCLIFF MANOR, NY 10510-2138	\$3,371.00

TOTAL PREMIUM \$3,371.00

BILL WILL FOLLOW



LIST OF DELINQUENT TAXES
ALL OPEN TAXES
AND PRIOR

SANTIAGO J MARK
SANTIAGO ADELINE OLMER
353 SLEEPY HOLLOW RD
BRIARCLIFF MANOR NY 10510

February 15, 2022

554201 105.6-1-14
LOCATION: 353 SLEEPY HOLLOW RD
4.24-020-5

Tax Office records indicate unpaid taxes on your property.
The penalties on unpaid taxes are calculated below and are good
through February 28, 2022. Please submit payment by then to avoid
further penalites from accruing.

	YEAR	TYPE	BILL #	Principal	Fees	Penalty	TOTAL
Inst 1	2021	01	1984	\$5,612.35	\$2.00	\$673.48	\$6,287.83
Inst 1, 2	2021	02	9661	\$27,232.77		\$2,723.28	\$29,956.05
Inst 1	2021	*LIEN	17	\$31,012.57		\$2,481.01	\$33,493.58
****	TOTAL			\$63,857.69	\$2.00	\$5,877.77	\$69,737.46

Type 01= Town/County Tax
Type 02= SchoolTax
Type 09= Lien

New York State Tax Law requires delinquent taxes to be paid in reverse
chronological order (most recent bill to be paid first). Please
contact this office, 914-762-8790, if you have any questions. We
hope you will resolve this matter as expeditiously as possible.

Thank you in advance for your prompt attention to this letter.

Citibank CBO Services 536
P.O. Box 6201
Sioux Falls, SD 57117-6201

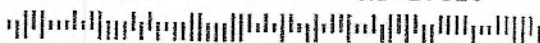
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CITIBANK, N. A.
Account
7241
Statement Period
Dec 25 - Jan 27, 2022
Relationship Manager
Citibusiness Service Center
(877) 528-0990

Page 1 of 4

SB2 CONSULTANTS LLC
353 SLEEPY HOLLOW ROAD
BRIARCLIFF NY 10510



CitiBusiness® ACCOUNT AS OF JANUARY 27, 2022

Relationship Summary:

Checking	\$3,456.60
Savings	*****
Checking Plus	*****

SERVICE CHARGE SUMMARY FROM DECEMBER 1, 2021 THRU DECEMBER 31, 2021

Type of Charge	No./Units	Price/Unit	Amount
STREAMLINED CHECKING # 7241			
Average Daily Collected Balance			\$2,193.49
DEPOSIT SERVICES			
MONTHLY MAINTENANCE FEE	1	15.0000	15.00
CHECKS, DEP ITEMS/TICKETS, ACH	4	.4500	1.80
**WAIVE			
Total Charges for Services			\$15.00
Net Service Charge			\$15.00
Charges debited from account # 7241			

CHECKING ACTIVITY

CitiBusiness Streamlined Checking

7241		Beginning Balance:		\$1,073.54
		Ending Balance:		\$3,456.60
Date	Description	Debits	Credits	Balance
12/29	CHECK NO: 1054			
01/03	TRANSFER DEBIT	16.00		1,057.54
	TRANSFER TO CHECKING Jan 03	1,000.00		57.54
	VIA CBUSOL REFERENCE # 014248			
01/10	SERVICE CHARGE	15.00		42.54
	ACCT ANALYSIS DIRECT DB			
01/18	DEPOSIT		3,500.00	3,542.54
01/24	CHECK NO: 1055	3,852.52		309.98
01/25	RETURN CHECK		3,852.52	3,542.54
01/25	DEBIT CARD PURCH Card Ending in 7357	50.94		3,491.60
	D16TS200 007357 Jan 25			
	MailChimp Atlanta GA 22024			
01/25	NSF/OD/DAU CHARGE	35.00		3,456.60
	Total Debits/Credits	4,969.46	7,352.52	

SB2 CONSULTANTS LLC

Account 7241 Page 2 of 4
Statement Period: Dec 25 - Jan 27, 2022

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CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

YOU CAN CALL:

YOU CAN WRITE:

Checking

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TTY: 800-945-0258)CitiBusiness
100 Citibank Drive
San Antonio, TX 78245-9966

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SB2 CONSULTANTS LLC
 353 SLEEPY HOLLOW ROAD
 BRIARCLIFF NY 10510

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 CITIBANK, N. A.
 Account
 7241
 Statement Period
 Nov 27 - Dec 24, 2021
 Relationship Manager
 Citibusiness Service Center
 (877) 528-0990
 Page 1 of 4

CitiBusiness® ACCOUNT AS OF DECEMBER 24, 2021

Relationship Summary:

Checking	\$1,073.54
Savings	-----
Checking Plus	-----

Your 2021 ATM Security Tips and Important Notice Regarding Future Verbal and Written Communications are now available to view online. Visit citi.com/accountagreementsandnotices and click on 'Small Business Account Agreements and Notices' to view the notices.

Effective Immediately: Your ATM cash withdrawal limit has been increased from \$1,000 to \$1,500. As a result, the third sentence in the section titled "Withdrawals-Withdrawals at a Proprietary Citibank ATM" in the CitiBusiness Client Manual is amended as follows: There is a daily limit of up to \$1,500 per business card per day for Citibank ATM location withdrawals. We may change these limits from time to time and at any time based on security issues and other factors.

SERVICE CHARGE SUMMARY FROM NOVEMBER 1, 2021 THRU NOVEMBER 30, 2021

Type of Charge	No./Units	Price/Unit	Amount
STREAMLINED CHECKING # 7241			
Average Daily Collected Balance			
DEPOSIT SERVICES			\$942.80
MONTHLY MAINTENANCE FEE			
Total Charges for Services	1	15.0000	15.00
Net Service Charge			\$15.00
Charges debited from account # 7241			\$15.00

CHECKING ACTIVITY

CitiBusiness Streamlined Checking
 7241

Date	Description	Beginning Balance:	Ending Balance:
		\$2,097.07	\$1,073.54
11/30	DEBIT CARD PURCH Card Ending in 7359 W-NX7333 007359 Nov 30 BOARDS.COM EL DORADO HIL CA 21332	Debits 195.00	Credits Balance 1,902.07
12/03	DEBIT CARD PURCH Card Ending in 7359 JKG38Q55 007359 Dec 03 INDEED 203-564-2400 CT 21336	216.75	1,685.32
12/06	TRANSFER DEBIT TRANSFER TO CHECKING Dec 06 V.A.CEL.SOL REFERENCE # 009828	1,000.00	685.32

SB2 CONSULTANTS LLC

Account 7241 Page 2 of 4
Statement Period: Nov 27 - Dec 24, 2021

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CHECKING ACTIVITY

Continued

Date	Description	Debits	Credits	Balance
12/08	SERVICE CHARGE ACCT ANALYSIS DIRECT DB	15.00		670.32
12/13	ELECTRONIC CREDIT WIGGIN & DANA ELEC PMT 19227 Dec 13		10,000.00	10,670.32
12/14	DEBIT CARD PURCH Card Ending in 7359 3Y7MK100 007359 Dec 14 MailChimp Atlanta GA 21346	50.94		10,619.38
12/15	WITHDRAWAL	1,000.00		9,619.38
12/15	WITHDRAWAL	6,500.00		3,119.38
12/20	DEBIT CARD PURCH Card Ending in 7359 GXFMBS5 007359 Dec 20 E-Z*PASSNY PAYMENT 800-333-8655 NY 21351	250.00		2,869.38
12/20	CHECK NO: 1052	50.00		2,819.38
12/20	CHECK NO: 1053	50.84		2,768.54
12/21	DEBIT CARD PURCH Card Ending in 7359 KS64B000 007359 Dec 21 BOARDSI.COM EL DORADO HIL CA 21352	195.00		2,573.54
12/23	TRANSFER DEBIT TRANSFER TO CHECKING Dec 23 VIA CBUSOL REFERENCE # 030689	1,500.00		1,073.54
	Total Debits/Credits	11,023.53	10,000.00	

CUSTOMER SERVICE INFORMATION

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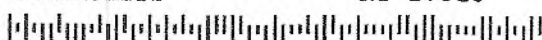
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CITIBANK, N. A.
Account
7241

Statement Period
Oct 28 - Nov 26, 2021
Relationship Manager
Citibusiness Service Center
(877) 528-0990

Page 1 of 2

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SB2 CONSULTANTS LLC
353 SLEEPY HOLLOW ROAD
BRIARCLIFF NY 10510



CitiBusiness® ACCOUNT AS OF NOVEMBER 26, 2021

Relationship Summary:

Checking	\$2,097.07
Savings	*****
Checking Plus	*****

Your 2021 ATM Security Tips and Important Notice Regarding Future Verbal and Written Communications are now available to view online. Visit citi.com/accountagreementsandnotices and click on 'Small Business Account Agreements and Notices' to view the notices.

Effective Immediately: Your ATM cash withdrawal limit has been increased from \$1,000 to \$1,500. As a result, the third sentence in the section titled "Withdrawals-Withdrawals at a Proprietary Citibank ATM" in the CitiBusiness Client Manual is amended as follows: There is a daily limit of up to \$1,500 per business card per day for Citibank ATM location withdrawals. We may change these limits from time to time and at any time based on security issues and other factors.

SERVICE CHARGE SUMMARY FROM OCTOBER 1, 2021 THRU OCTOBER 31, 2021

Type of Charge	No./Units	Price/Unit	Amount
STREAMLINED CHECKING # 7241			
Average Daily Collected Balance			\$33.59
DEPOSIT SERVICES			
MONTHLY MAINTENANCE FEE	1	15.0000	15.00
OVERDRAWN BALANCE INT CHARGE	7	.0200	0.14
CHECKS, DEP ITEMS/TICKETS, ACH	3	.4500	1.35
**WAIVE			
Total Charges for Services			\$15.14
Net Service Charge			\$15.14
Charges debited from account # 7241			

CHECKING ACTIVITY

CitiBusiness Streamlined Checking

7241		Beginning Balance:		\$12,276.00
		Ending Balance:		\$2,097.07
Date	Description	Debits	Credits	Balance
10/28	TRANSFER DEBIT			
	TRANSFER TO CHECKING	12,000.00		276.00
	VIA CBUSOL			
	Oct 28			
	REFERENCE # 028228			

SB2 CONSULTANTS LLC

Account 7241 Page 2 of 2
Statement Period: Oct 28 - Nov 26, 2021

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CHECKING ACTIVITY

Continued

Date	Description	Debits	Credits	Balance
10/29	DEBIT CARD PURCH Card Ending in 7359 8C1M6000 007359 Oct 29 BOARDSI.COM EL DORADO HIL CA 21301	195.00		81.00
11/02	MISC DEPOSIT ADJUSTMENT FROM BUSINESS LOAN #(0629)		97.15	178.15
11/09	SERVICE CHARGE ACCT ANALYSIS DIRECT DB	15.14		163.01
11/15	DEBIT CARD PURCH Card Ending in 7359 7LZ8N100 007359 Nov 15 MailChimp Atlanta GA 21316	50.94		112.07
11/22	FUNDS TRANSFER WIRE FROM WIGGIN + DANA LL P Nov 22		23,500.00	23,612.07
11/22	TRANSFER DEBIT TRANSFER TO CHECKING Nov 22 VIA CBUSOL REFERENCE # 029664	15,000.00		8,612.07
11/23	WITHDRAWAL	6,500.00		2,112.07
11/23	INCOMING WIRE TRAN FEE INCOMING WIRE FEE F0113260927701 Nov 23	15.00		2,097.07
	Total Debits/Credits	33,776.08	23,597.15	

CUSTOMER SERVICE INFORMATION

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CITIBANK, N. A.
Account
7241
Statement Period
Sep 28 - Oct 27, 2021
Relationship Manager
Citibusiness Service Center
(877) 528-0990

Page 1 of 2

CitiBusiness® ACCOUNT AS OF OCTOBER 27, 2021

Relationship Summary:

Checking	\$12,276.00
Savings	-----
Checking Plus	-----

SERVICE CHARGE SUMMARY FROM SEPTEMBER 1, 2021 THRU SEPTEMBER 30, 2021

Type of Charge	No./Units	Price/Unit	Amount
STREAMLINED CHECKING # 7241			
Average Daily Collected Balance			\$5,841.91
DEPOSIT SERVICES			
UNCOLLECTED BALANCE INT CHARGE	2	.0200	0.04
CHECKS, DEP ITEMS/TICKETS, ACH	3	.4500	1.35
**WAIVE			
Total Charges for Services			\$0.04
Net Service Charge			\$0.04
Charges debited from account # 7241			

CHECKING ACTIVITY

CitiBusiness Streamlined Checking

7241		Beginning Balance:	\$3,537.89
		Ending Balance:	\$12,276.00
Date	Description	Debits	Credits Balance
09/28	DEBIT CARD PURCH Card Ending in 7359 LH76WNGW 007359 Sep 28	39.52	3,498.37
09/28	RED HAT BISTRO LLC IRVINGTON NY 21270 S43QVVS5 007359 Sep 28	42.27	3,456.10
09/28	HP *INSTANT INK 855-785-2777 CA 21268 X2YKL66S 007359 Sep 28	100.00	3,356.10
09/28	TECH CONNECT PLEASANTVILLE NY 21270		
09/28	OTHER WITHDRAWAL/ADJ	3,355.10	1.00
09/30	DEBIT CARD PURCH Card Ending in 7359 GZY*NWS5 007359 Sep 30	105.00	104.00-
10/08	E-Z*PASSNY REBILL 800-333-8665 NY 21272		
10/08	SERVICE CHARGE ACCT ANALYSIS DIRECT DB	0.04	104.04-
10/12	FUNDS TRANSFER WIRE FROM WIGGIN + DANA LL P Oct 12		12,500.00 12,395.96
10/12	WITHDRAWAL	5,500.00	6,895.96
10/12	WITHDRAWAL	6,500.00	395.96
10/13	INCOMING WIRE TRAN FEE	15.00	380.96
10/13	INCOMING WIRE FEE F0112850AF8B01 Oct 13		
10/13	OTHER WITHDRAWAL/ADJ	187.08	193.88

SB2 CONSULTANTS LLC

Pg 29 of 33

Account

7241

Page 2 of 2

001/R1/04F000

Statement Period: Sep 28 - Oct 27, 2021

CHECKING ACTIVITY

Continued

Date	Description	Debits	Credits	Balance
10/14	DEBIT CARD PURCH Card Ending in 7359 VLS*0200 007359 Oct 14 MaliChimp Atlanta GA 21286	50.94		142.94
10/18	DEBIT CARD PURCH Card Ending in 7359 116DSNS5 007359 Oct 18 E-Z*PASSNY PAYMENT 800-333-8655 NY 21288	156.94		14.00-
10/19	ATM DEPOSIT 200 PK AV STEST078D, NY, NY		500.00	486.00
10/20	WITHDRAWAL	485.00		1.00
10/26	DEPOSIT		15,000.00	15,001.00
10/26	WITHDRAWAL	2,700.00		12,301.00
10/27	WITHDRAWAL	25.00		12,276.00
	Total Debits/Credits	19,261.89	28,000.00	

CUSTOMER SERVICE INFORMATION

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 CITIBANK, N. A.
 Account
 7241
 Statement Period
 Aug 26 - Sep 27, 2021
 Relationship Manager
 Citibusiness Service Center
 (877) 528-0990

Page 1 of 2

CitiBusiness® ACCOUNT AS OF SEPTEMBER 27, 2021

Relationship Summary:

Checking	\$3,537.89
Savings	*****
Checking Plus	*****

SERVICE CHARGE SUMMARY FROM AUGUST 1, 2021 THRU AUGUST 31, 2021

Type of Charge	No./Units	Price/Unit	Amount
STREAMLINED CHECKING # 7241			
Average Daily Collected Balance			\$21,180.99
DEPOSIT SERVICES			
CHECKS, DEP ITEMS/TICKETS, ACH	3	.4500	1.35
**WAIVE			
Total Charges for Services			\$0.00
Net Service Charge			\$0.00

CHECKING ACTIVITY

CitiBusiness Streamlined Checking

7241		Beginning Balance:	\$17,208.05
		Ending Balance:	\$3,537.89
Date	Description	Debits	Credits Balance
08/26	DEBIT CARD PURCH Card Ending in 7359 R650ZKX2 007359 Aug 25	26.00	17,182.05
08/30	MTA*MNR ETIX TICKET 877-690-5116 NY 21237 DEBIT CARD PURCH Card Ending in 7359 *CVZ2BP4 007359 Aug 30	52.41	17,129.64
09/01	ONEONEFOUR BAR AND LO NEW YORK NY 21239 DEBIT CARD PURCH Card Ending in 7359 WZ23JS5 007359 Sep 01	105.00	17,024.64
09/01	E-Z*PASSNY REBILL 800-333-8655 NY 21243		
09/01	WITHDRAWAL	500.00	16,524.64
09/01	DOM WIRE OUT	4,800.00	11,724.64
09/03	TRANSFER DEBIT TRANSFER TO CHECKING Sep 03 VIA CBUSOL REFERENCE # 048760	3,000.00	8,724.64
09/07	ATM WITHDRAWAL 22 PLEASANTVLE RD. OSSING, NY	500.00	8,224.64
09/09	DEPOSIT		2,000.00
09/09	WITHDRAWAL	10,000.00	10,224.64
09/13	ATM DEPOSIT 22 PLEASANTVLE RD. OSSING, NY		10,224.64
09/14	DEBIT CARD PURCH Card Ending in 7359 1DNJ7100 007359 Sep 14 MailChimp Atlanta GA 21256	50.94	10,173.70
09/14	DEBIT CARD PURCH Card Ending in 7359 TZX*4RS5 007359 Sep 14 E-Z*PASSNY REBILL 800-333-8655 NY 21254	105.00	10,068.70

SB2 CONSULTANTS LLC

Account 7241 Page 2 of 2
Statement Period: Aug 26 - Sep 27, 2021

001/R1/04F000

CHECKING ACTIVITY**Continued**

Date	Description	Debits	Credits	Balance
09/20	ATM WITHDRAWAL 1022 BROADWAY, THORNWOOD, NY	1,000.00		9,068.70
09/20	TRANSFER DEBIT TRANSFER TO CHECKING Sep 20 VIA CBUSOL REFERENCE # 064241	5,000.00		4,068.70
09/21	DEBIT CARD (POS) Card Ending in 7359 MTA*METROCARD MACHINE NEW YORK NYUS0214	23.00		4,045.70
09/21	DEBIT CARD PURCH Card Ending in 7359 2DF5T0XR 007359 Sep 21 CASH APP*BESTLIFE2 4153753176 CA 21263	100.00		3,945.70
09/21	DEBIT CARD PURCH Card Ending in 7359 C5NL1CS5 007359 Sep 21 E-Z*PASSNY REBILL 800-333-8655 NY 21263	105.00		3,840.70
09/21	DEBIT CARD PURCH Card Ending in 7359 9B29F000 007359 Sep 21 BOARDSDI.COM EL DORADO HIL CA 21261	195.00		3,645.70
09/22	DEBIT CARD PURCH Card Ending in 7359 G9X*PSS5 007359 Sep 22 MTA*MNR ETIX TICKET 877-690-5116 NY 21264	22.50		3,623.20
09/23	DEBIT CARD PURCH Card Ending in 7359 3SR7Z2V5 007359 Sep 23 MTA*MNR ETIX TICKET 877-690-5116 NY 21265	11.25		3,611.95
09/23	DEBIT CARD PURCH Card Ending in 7359 P2D01C5P 007359 Sep 23 THE WHITBY HOTEL-2 NEW YORK NY 21265	74.06		3,537.89
	Total Debits/Credits	25,670.16	12,000.00	

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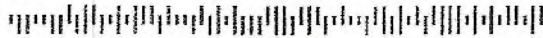
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CITIBANK, N. A.
Account
7241
Statement Period
Jul 28 - Aug 25, 2021
Relationship Manager
Citibusiness Service Center
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Page 1 of 4

00001874
K208

SB2 CONSULTANTS LLC
353 SLEEPY HOLLOW ROAD
BRIARCLIFF NY 10510



CitiBusiness® ACCOUNT AS OF AUGUST 25, 2021

Relationship Summary:

Checking	\$17,208.05
Savings	-----
Checking Plus	-----

SUGGESTIONS AND RECOMMENDATIONS

Your Volcker Rule Disclosure and Important Notice Regarding Future Verbal and Written Communications is now available to view online. Visit citi.com/accountagreementsandnotices and click on Citi Private Bank Notices to view the notices. For questions or concerns, please contact your Private Banking team for more information.

SERVICE CHARGE SUMMARY FROM JULY 1, 2021 THRU JULY 31, 2021

Type of Charge	No./Units	Price/Unit	Amount
STREAMLINED CHECKING # 7241			
Average Daily Collected Balance			\$20,414.43
DEPOSIT SERVICES			
CHECKS, DEP ITEMS/TICKETS, ACH	7	.4500	3.15
**WAIVE			
Total Charges for Services			\$0.00
Net Service Charge			\$0.00

CHECKING ACTIVITY

CitiBusiness Streamlined Checking

7241		Beginning Balance:	\$1,837.32
		Ending Balance:	\$17,208.05
Date	Description	Debits	Credits Balance
07/28	DEBIT CARD PURCH Card Ending in 7359 1Q4*1XHQ 007359 Jul 28 TST* SEAMORE'S - BROO NEW YORK NY 21208	133.48	1,703.84
07/28	DEBIT CARD PURCH Card Ending in 7359 G62GDLD4 007359 Jul 28 HILTON MILLENIUM NEW YORK NY 21208	165.72	1,538.12
07/29	DEBIT CARD PURCH Card Ending in 7359 DL7N1*30 007359 Jul 29 51401 - 270 GREENWICH NEW YORK NY 21209	76.00	1,462.12
07/30	ELECTRONIC CREDIT WIGGIN & DANA ELEC PMT 19227 Jul 30		14,200.00 15,662.12
08/02	ATM DEPOSIT 22 PLEASANTVLE RD, OSSING, NY		12,000.00 27,662.12

SB2 CONSULTANTS LLC

Account 7241 Page 2 of 4
Statement Period: Jul 28 - Aug 25, 2021

001/R1/20F000

CHECKING ACTIVITY

Continued

Date	Description	Debits	Credits	Balance
08/02	ATM WITHDRAWAL 22 PLEASANTVLE RD. OSSING. NY	500.00		27,162.12
08/03	DEBIT CARD PURCH Card Ending in 7359 ZWQ3QLS5 007359 Aug 03 E-Z*PASSNY REBILL 800-333-8655 NY 21214	105.00		27,057.12
08/09	ATM WITHDRAWAL 22 PLEASANTVLE RD. OSSING. NY	1,000.00		26,057.12
08/10	DEBIT CARD PURCH Card Ending in 7359 2RY9VRS5 007359 Aug 10 LINKEDIN-596*6554516 6506873555 CA 21221	151.71		25,905.41
08/11	CHECK NO: 1050	3,000.00		22,905.41
08/12	ATM WITHDRAWAL 200 PK AV STEST078D. NY. NY	750.00		22,155.41
08/16	DEBIT CARD PURCH Card Ending in 7359 FMTH*400 007359 Aug 16 MallChimp Atlanta GA 21225	50.94		22,104.47
08/16	DEBIT CARD PURCH Card Ending in 7359 1MRQXS55 007359 Aug 16 E-Z*PASSNY REBILL 800-333-8655 NY 21225	105.00		21,999.47
08/16	ATM WITHDRAWAL 22 PLEASANTVLE RD. OSSING. NY	500.00		21,499.47
08/17	DEBIT CARD PURCH Card Ending in 7359 CM*KK*16 007359 Aug 17 PERSHING SQUARE NEW YORK NY 21226	36.58		21,462.89
08/17	DEBIT CARD PURCH Card Ending in 7359 0LKLL716 007359 Aug 17 GOTHAM HOTEL NEW YORK NY 21226	154.84		21,308.05
08/18	TRANSFER DEBIT TRANSFER TO CHECKING Aug 18 VIA CBUSOL REFERENCE # 001144	3,000.00		18,308.05
08/19	DEBIT CARD PURCH Card Ending in 7359 *CFXR9S5 007359 Aug 19 E-Z*PASSNY REBILL 800-333-8655 NY 21230	105.00		18,203.05
08/20	DEBIT CARD PURCH Card Ending in 7359 JBYQDD00 007359 Aug 20 BOARD51.COM EL DORADO HIL CA 21231	395.00		17,808.05
08/24	ATM WITHDRAWAL 200 PK AV STEST078D. NY. NY	600.00		17,208.05
	Total Debits/Credits	10,829.27	26,200.00	

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